STATE OF MAINE

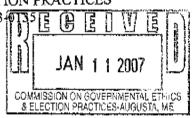


COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 242 State Street, Augusta, Maine

> Tel: (207)287-4179 FAX: 287-6775

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR
JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: G. William Diamond MAILING ADDRESS: 261 Coundham Contres Rd CITY: Win Sham	Please check the appropriate box and fill in the District number. Member of the Senate, District / 2
ZIP CODE: 04062	
PHONE NUMBER: 807 892 8941	Member of the House, District

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A	COPY OF	THIS STATEMENT	FOR YOUR FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address	Activity of Employer
Flan Corporation		Porvate School
the Confession of the Confessi	, , , , , , , , , , , , , , , , , , ,	
	- Ballage	
Enter the name and address of you	M SELF-EMPLOYMENT. (For Legislater business, if any, and list the major areas overship, firm, professional association, or sin	f economic activity from which you derived
of Business Entity	Areas of Economic Activity (self) Residential Mort (Adam	Major Areas of Economic Activity (partnership, association or similar business entity)
WIGHE STONE	. Mes larwyux privi t · (4000	any any many m
American Home Appro	0.5	0 0 7 0 4 0
Maria Harris	usul (advisor)	Resulental Appraual
Name each source of income derives \$1,000, whichever is greater, and s	ved from self-employment that represents m specify the principal type of economic activ	ity of the entity or person from whom you
Name each source of income derived such income. If this form	ved from self-employment that represents m	ity of the entity or person from whom you n established code of professional ethics,
Name each source of income derived \$1,000, whichever is greater, and selectived such income. If this form specify only the principal type of each of the selection of the principal type of the selection of the s	ved from self-employment that represents m specify the principal type of economic activ of disclosure is prohibited by law, rule, or a economic activity of the entity or person fro	ity of the entity or person from whom you in established code of professional ethics, in whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
Name each source of income derived \$1,000, whichever is greater, and selectived such income. If this form specify only the principal type of each of the selection of the principal type of the selection of the s	ved from self-employment that represents m specify the principal type of economic activ of disclosure is prohibited by law, rule, or a economic activity of the entity or person fro	ity of the entity or person from whom you in established code of professional ethics, in whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
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Name each source of income derived \$1,000, whichever is greater, and a derived such income. If this form specify only the principal type of a Name of Source ART III. MAJOR AREAS OF PRA	ved from self-employment that represents m specify the principal type of economic activ of disclosure is prohibited by law, rule, or a economic activity of the entity or person fro	ity of the entity or person from whom you in established code of professional ethics, in whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
Name each source of income derived \$1,000, whichever is greater, and a derived such income. If this form specify only the principal type of a Name of Source ART III. MAJOR AREAS OF PRA	ved from self-employment that represents m specify the principal type of economic activ of disclosure is prohibited by law, rule, or a economic activity of the entity or person fro Address ACTICE. (For Legislators who are attorney)	ity of the entity or person from whom you in established code of professional ethics, in whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
Name each source of income derived \$1,000, whichever is greater, and a derived such income. If this form specify only the principal type of a Name of Source ART III. MAJOR AREAS OF PRA actice. If associated with a law firm, literature of the source of the second seco	ved from self-employment that represents m specify the principal type of economic activ of disclosure is prohibited by law, rule, or a economic activity of the entity or person fro Address ACTICE. (For Legislators who are attorned ist the major areas of practice of your firm. Major Areas of Practice	ity of the entity or person from whom you in established code of professional ethics, in whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
Name each source of income derived \$1,000, whichever is greater, and a derived such income. If this form specify only the principal type of a Name of Source ART III. MAJOR AREAS OF PRA actice. If associated with a law firm, linear and Address of Firm	ved from self-employment that represents m specify the principal type of economic activ of disclosure is prohibited by law, rule, or a economic activity of the entity or person fro Address ACTICE. (For Legislators who are attorned ist the major areas of practice of your firm. Major Areas of Practice	ity of the entity or person from whom you in established code of professional ethics, in whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	$\underline{\text{Address}}$	Kind of Income
State of Main		St. Retirement
,		
RT V. DISCLOSURE OF RE 000 or more that you received dur- list loans from a relative. If none,	ing the reporting period, and list the majo	names of creditors for any unsecured loans areas of economic activity of each creditor.
TIOL TOTAL T		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
gregate value of more than \$300 fr	om a single source. If none, so state.	h gift of more than \$300. Include gifts with
	4	
	IONORARIA. List the source of any	honoraria accepted for appearances or speed
	3	A A A A A A A A A A A A A A A A A A A
	4	
RT VIII. REPRESENTATION	N BEFORE STATE AGENCIES. Ide compensation of any amount. If none, s	ntify each executive branch agency before who state.
	3	

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ART X. INCOME RECEIV	ED BY MEMB	ERS OF IMMED	LATE FAMIL	Υ.			
st the type of economic activit aild(ren) during the reporting p come received by spouse and	seriod and the ki	nd of income repre	sentea. Do not	Therare Sine	ed by your . Indicate	spouse or de (S) beside se	ependen ources o
Type of Economic Activity Representing Each Source of Income Received		Ec-Jeine)	- 6	Kind of I	elerin	<u> </u>	
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	<u> </u>			u <u></u> ,		***	
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The intentional filing of a false statement shall be a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. A Legislator who willfully fails to file a required statement is subject to a civil penalty not to exceed \$1,000, payable to the State and recoverable in a civil action. (1 M.R.S.A. § 1019)